

Minutes of Meeting
Health Services Council
Project Review Committee-II

DATE: 17 May 2007

TIME: 2:30 PM

LOCATION: Health Policy Forum

ATTENDANCE:

Committee II: Present: Victoria Almeida, Esq., (Vice Chair), Catherine E. Graziano RN, Ph.D., Denise Panichas, Robert J. Quigley, DC, (Chair), Larry Ross, Reverend David Shire (Secretary)

Not Present: Rosemary Booth Gallogly, Wallace Gernt, Robert Hamel

Excused Absence: Raymond C. Coia, Esq., Maria Gil

Staff: Valentina D. Adamova, Michael K. Dexter, Joseph G. Miller, Esq.

Public: (Attached)

1. Call to Order, Approval of Minutes, Conflict of Interest Forms and Time Extension for the Minutes Availability

The meeting was called to order at 2:35 PM. The Chairman noted that conflict of interest forms are available to any member who may have a conflict. Minutes of the 10 May 2007 Project Review Committee-II were approved as submitted. The Chairman requested a motion for the extension of time for the availability of minutes pursuant to the Open Meetings Act. A motion was made, seconded, and passed by five in favor and none opposed (5-0) that the availability of the minutes for this meeting be extended beyond the time frame provided for under the Open Meetings Act. Those members voting were Almeida, Graziano, Quigley, Ross, and Shire.

2. General Order of Business

Due to a time conflict for the applicant's legal counsel, the Committee permitted the applications of ARA- Rhode Island Dialysis II, LLC for initial licensure of an organized ambulatory care facility in East Providence and an organized ambulatory care facility in Woonsocket to be heard as the first items on the agenda.

The first items on the agenda were the applications of ARA- Rhode Island Dialysis II, LLC for initial licensure of an organized ambulatory care facility in East Providence and an organized ambulatory care facility in Woonsocket.

Ms. Rocha, legal counsel to the applicant, introduced Dr. Chaza, and Mr. McDonough as representing the applicant. The request is for approval to establish organized ambulatory care facilities to provide services to patients who have chronic kidney disease but do not require kidney dialysis. It was noted that this service could not be provided under the existing license held by the applicant due to Medicare Regulations.

Dr. Chazan discussed the patient population in regards to the request. The Chairman asked the applicant if this was the same drug that has had controversy over the dosage and asked the applicant to comment on the claim that there would be stringent monitoring of these cases. The applicant noted the study and explained that the ideal blood count is between 11 and 12 grams of hemoglobin. The applicant confirmed that they regularly monitor their patients and their hemoglobin levels.

A member asked the applicant regarding the need for a separate facility. The applicant explained that they do not wish to set up a separate facility, but simply change the corporate structure of ownership. Dr. Chazan stated that this is beyond the scope of his private practice to provide this service and that it needs more administrative oversight.

A member questioned if the applicant's role does not include managing those patients but to simply administer the drug. Applicant

agreed and explained that they make available to patients a dietitian and social worker who work on a contracted basis.

A member asked if there are other facilities or PCP's who provide this service in their offices. It was stated that there are some hematologists and oncologists that provide this service and that there is no licensure requirement.

The Chairman noted his concern in regards to the monitoring of the new entity and noted that there could be conditions of approval that would be applied that would require monitoring. The applicant agreed to report on a regular basis as a standard.

A member questioned the applicant concerning the units of service from the two facilities reported on the application and asked the applicant to reconcile the patients vs. visits numbers reported. The applicant stated that it is probably a variable during the course of the year when they entered the program; number changes due to the fact that some go on dialysis and some die.

The Chairman asked if the program would delay patients from going onto dialysis and if there are any studies or statistics available on this subject. The applicant stated yes to both questions and explained that symptoms of anemia go away. The applicant noted that there are studies on diabetes available but there may not be any specifically on the need for dialysis. The applicant noted that most dialysis services

are performed on people in their 60s and younger patients are often candidates for transplantation.

The Chairman stated that vote could not be taken at that time and requested more information for the committee to review.

The next item on the agenda was the presentation by Raymond Rusin, Chief, Office of Facilities Regulations on “Resident Centered Care in Nursing Facilities.” Mr. Rusin discussed regulatory perspective on culture change.

To a question regarding measuring such practices, Mr. Rusin stated that there are no tools currently available to do so. He stated the most important thing for implementing culture change in an environment, is the administration and work force; they decide the direction they will go in and they shape the model for the workforce. He stated that he would provide the committee with Resident Satisfaction Survey.

The next item on the agenda was the application of Tockwotton Home for a Certificate of Need to replace an existing 42-bed nursing home located at 75 East Street in Providence by constructing a 52-bed replacement facility at Waterfront Drive in East Providence.

The applicant discussed response to follow up questions. Regarding

the cost of the proposal, the applicant stated that single-bed rooms were costlier but an essential component of the project. The site configuration as well requires building vertically instead of horizontally which adds costs. The applicant believes costs are not excessive and would be borne by the applicant and the Medicaid program. The applicant also noted that if a resident loses eligibility by Medicaid, the applicant would continue to provide uncompensated care to the patient until Medicaid eligibility is regained. The applicant also noted their commitment to culture change.

A motion was made and seconded and passed by a vote of six in favor and none opposed (6-0) to recommend that the application be approved. Those members voting in favor were: Almeida, Graziano, Panichas, Quigley, Ross, and Shire.

Staff noted that the next Health Services Council meeting is scheduled on 5 June 2007.

There being no further business the meeting was adjourned at 3:45 PM.

Respectfully submitted,

Valentina D. Adamova